



Diaphragm Application Data Form

Company: _____
 Contact: _____
 City / State: _____
 Phone: _____
 E-mail: _____

Date: _____
 Application: _____
 Industry: _____

Primary Data

PUMP DATA

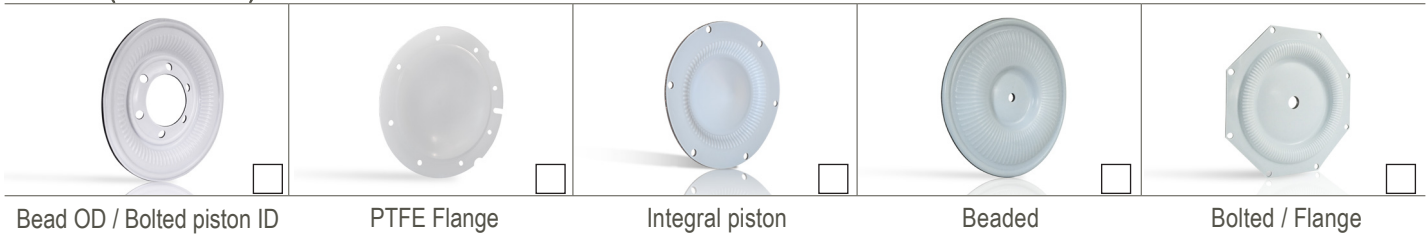
Manufacturer: _____
 Pump type: _____
 Model #: _____
 Medial Inlet Size: _____
 Housing Material: Metal Plastic
 Diaphragm Material: _____

OPERATING CONDITIONS

Media: _____
 Abrasive: Yes No
 Inlet Pressure: _____
 Outlet Pressure: _____
 Temperature: _____
 FDA compliant: Yes No
 Air Inlet Pressure: _____

Design Information

DESIGN (CHECK ONE):



DIAPHRAGM DESIGN:

OD: _____ # of Bolt Holes OD: _____ Bolt Hole Diameter OD: _____
 Center Hole ID: _____ # of Bolt Holes ID: _____ Bolt Hole Diameter ID: _____
 Height / Depth of Diaphragm: _____ (to determine stroke length)
 Bolt Circle Diameter: _____

Comments/Special Requirements